se: 4:15-mc-00061-DCN Doc #: 21 Filed: 11/23/15 1 of 4. PageID #: 1							
10000	ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY A. Signature					
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 			B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below:				
	PNC Bank 4949 Mahoning Avenue Austintown, OH 44515						
	4:15mc61		☐ Reg	tified Mail gistered ured Mail	Express Ma Return Rec C.O.D.	eipt for Merc	
2.	Article Number	7002 2			/? (Extra Fee) ! 8月6 - 647	☐ Ye	:S

(Transfer from service label)
PS Form 3811, February 2004
Domestic Return Receipt

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U.S. District Court, Office of the Clerk 801 West Superior Avenue Cleveland, OH 44113-1830

se: 4:15-mc-00061-DCN Doc #: 21	Filed: 11/23/15 3 of 4. PageID #: 1				
one party.					
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Signature Agent Addressee				
Chase Bank 4243 Mahoning Avenue Austintown, OH 44515					
4:15 mc61	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.				
7.13 1100	4. Restricted Delivery? (Extra Fee) ☐ Yes				
2. Article Number					

(Transfer from service label)
PS Form 3811, February 2004

Domestic Return Receipt

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